

## CNO visits NAS

At 1000 on the 5th of November the Chief of Naval Operations, Admiral James L. Holloway III addressed a select audience of Navy Memphis enlisted and officer personnel. The reason for the address, the Admiral explained, was to see and feel for himself the mood and temperament of today's Navy.

Admiral Holloway covered such diversities as the main reasons for fleet readiness, the present state of international affairs which make fleet readiness so essential. The policy of the future concerning crises, he said, will be to "resolve (the crises) at the resolvable level". To complicate the picture, American overseas ground forces have been cut back and will continue to diminish, leaving the Navy to handle any situations that may arise. The job, Holloway stated, will be tough due to the decrease in the size of the Navy, despite the

(Cont. Pg. 5)

## DAS FROCKED

In ceremonies held October 30, then Commander Samuel D. Barker, Director of Administrative Services, was frocked to the rank of Captain, Medical Service Corps.

Captain Barker has had a long and varied career in the Navy, beginning in 1946 as a seaman recruit at Naval Training Center

Great Lakes, Illinois. He then attended Hospital Corps School San Diego, Clinical Lab School in Oceanside, California, and then served a hitch aboard the USS Thomas Jefferson. After his tour at sea, he reported aboard USNH Memphis, Millington, Tennessee in 1951. Not long after he attended a school in

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## VIEWPOINT

It is now that time of year for all hopeful HN's to read and cry over the results of the last testing cycle for HM3. A great deal of surprise was voiced over the small number of people chosen for advancement, and the fact that those chosen were selectees.

The reason behind this state of affairs is pure and simple; money. The Navy, like all the other services, is the object of budget cuts. In a peacetime situation the national priorities change, the budgets go down, and as a result money to pay personnel diminishes. So when the test cycles are initiated, fewer people can be advanced, and those who are have to wait for

their increase in rate and pay.

There really shouldn't be a curtailment of the advancements of people who have proven that they are qualified for those advancements. But reality is reality and the situation exists. The only recourse is patience on the part of all and another try at the tests for those who were PNA. If you really feel strongly about the situation, you can always write to your representatives in Congress urging them to support a strong defense force and provide funds for manpower needs to provide quality as well as quantity. But until the money situation eases, everyone will have to wait, and maybe try again.

## TMS

On October 1st, NH Memphis was renamed Naval Regional Medical Center, and the name is well-deserved since the hospital ambulance service became part of a regional network.

On that date, the previous system for staffing and dispatching the vehicles was replaced by a trained crew of Emergency Medical Technicians operating out of the Emergency Med-

### NP WARD PRESENTATION

The Naval Hospital neuropsychiatric ward was the scene Wednesday, November 5th, of the presentation of newly purchased recreation equipment for that ward. Mrs. Henry Walker, Adjutant of the Mid-South Navy Mother's Club #153, presented the equipment to Captain R. M. Lehman, Jr. Naval Hospital Commanding Officer, and Cdr. T. B. Merritt, Chief of NP Service. The National Navy Mother's Club of America donated \$200.00 from their "Anchor's Aweigh" fund for the items. The purchase of a bumper pool table, air hockey, and other games was coordinated through Miss Linda Johnson, Red Cross Recreation Supervisor.



ical Services (EMS) office near the Emergency Room. The primary crews will be drawn from the EMS with the secondary crews from trained personnel in the duty section.

The EMT's are under the medical guidance of CDR Stuckey, Chief of Surgery, and the administrative aspects will be handled by the senior corpsman, HM2 Gordie Abernathie. The crews are composed of graduates of the EMT course held in early September.

The regional aspect of the service comes in with the addition of the EMS program currently in operation in the Memphis area. The ambulances will be radio-linked to the area hospitals, the NRMC ER, as well as the various civilian ambulance services and the Civil Defense Coordinator. The same applies for the ER via the EMS office and the Communications Room. The new sophisticated equipment was donated to NRMC by the EMS program under a federal grant. Utilizing the new system, the doctor of any ER will be able to communicate with any other ER in the EMS network, as well as any ambulance with the proper equipment.

The present rad-  
(Cont. Pg. 3)

### X-RAY ADDITION

The Radiological Service has been the scene of some pretty complicated looking construction in Room #2. In an effort to clear up some of the mystery, here is a brief description of what is going on.

For some time, it has been apparent that one of the X-ray machines in use was badly in need of replacement. The command took steps to correct the situation, and, with Bumed funding, a new radiographic machine was purchased at a cost of \$165,000. The new machine is one of the first in the area to employ an entirely solid state, remote-controlled system capable of three times the efficiency of previous systems.

According to HMC Murray, the new equipment will be ready for use in middle to late December. Its capabilities include a form of X-ray known as zonography; a special process which allows the radiologist to determine the depth as well as the location of internal organs and masses. Further, due to its remote control capacity, the machine will minimize exposure to radiation for the technicians who will operate it, an important factor since ionizing radiation has a cumulative effect in small doses that can be very hazardous to the health of the recipient. Upon completion, the staff of the department will undergo a brief training period to familiarize themselves with the advanced apparatus.



## (EMS CONT.)

ios in the military ambulances are (pending funding) being replaced with the latest in emergency radios. The vehicles will have equipment capable of operation on five different frequencies, and like the ER, have the capability of contacting any other ambulance, ER, or hospital in the EMS network.

The advantages of the new system are obvious. If during a routine transport an acute problem develops, such as respiratory difficulty or arrest, the ambulance crew can contact the nearest hospital and request instructions or permission to transport the patient to that hospital.

The greater communications would be especially helpful in the event of a natural disaster such as a tornado.

The EMT's who staff the EMS at NRMCM are trained by the NRMCM itself. A new course of instruction for EMT's is tentatively scheduled for late January. Sponsored by the Personnel Service, Nursing Education Office, and Orthopedics and Surgery Services, the course is expected to last at least three weeks. Application to the National Registry of EMT's will be possible after successful completion of the course. Application procedures and course requirements will be announced at a later date.

The new structure of the ambulance service, the modernized radio communications, the improved educational program, as well as the willingness to work on the part

of the personnel will make NRMCM Memphis among the tops in the nation for emergency medical care.



## (FROCKING CONT.)

blood bank technique in Bethesda, after which he was Petty Officer in charge of the Blood Bank and hematology department of USNH Bainbridge.

His last duty station prior to commissioning saw Captain Barker in Medical administration with the 3rd Marine Air Wing.

Since then, Captain Barker has served at three medical centers, as hospital corps detail officer CONUS, FMF Pacific, as the medical advisor to the Surgeon General of Viet Nam and Head of the Medical Department Officer Assignment Branch, Bureau of Personnel.

The new Captain has attended various educational institutions on a part-time basis and is a graduate of the school of Health Care Admin, Bethesda.

During his 29 year career, Captain Barker has been the recipient

Top- HN D. Stillwell  
& HM3 J.D. Wheeler-  
Bottom- LCDR Brent  
Butcher with patient

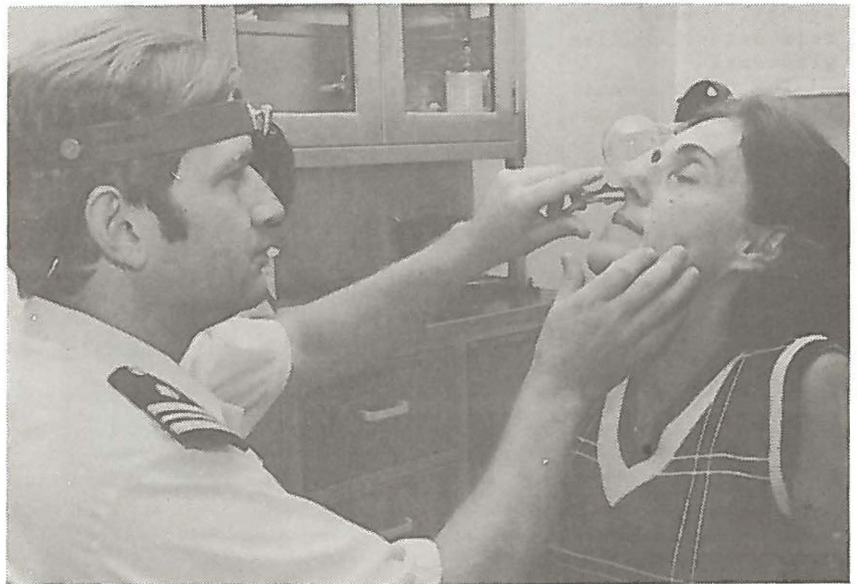
# NOTICE

The official title of the Naval Hospital has been changed to the Naval Regional Medical Center Memphis, Millington, Tennessee. This change, announced in OPNAV NOTICE 5450 of 24 OCT 75, more accurately describes the consolidated medical effort of total health care, and was effective 1 October.

The mission statement of the Naval Regional Medical Center has been modified as follows:

To provide general / specialized clinical and hospitalization service

for active duty Navy and Marine Corps personnel, active duty members of the other armed forces, dependents of active duty personnel, and other persons as authorized by current directives. To provide coordinated dispensary health care services as an integral element of the Naval Regional Health Care System. To provide common support services to all assigned activities. To cooperate with military and civil authorities in matters pertaining to health, sanitation, local disasters, and other emergencies.



## EENT CLINIC

The clinic in the spotlight this month is EENT, physically the second largest in the hospital. And it carries responsibilities commensurate with its size.

EENT is divided into two distinct sections; one for the examination and treatment of eyes,

the other for treatment and examination of ear, nose and throat. Senior Corpsman Tony Washington, HM3 John Walker, and HM3 Bruce Wilson are the ocular technicians who assist Lcdr Cliff Cox and Lcdr Shelly Fingerett. Dr. Fingerett is an optom-

of many decorations. Among them are the Bronze Star, the Joint Service Commendation medal, Combat Action Ribbon, Good Conduct Medal (3 awards), Vietnam Honor Medal, 2 Presidential Unit Citations, and various campaign medals.



(EENT con't'd)

etrust in charge of eye examinations and refractions for eyeglasses and a limited number of contact lenses. The ocular section deals with spectacle dispensing (about 3,000 pairs per year), visual fields testing to determine peripheral vision, and minor surgical correction of acute conditions such as foreign objects in the eye. More complex surgeries are done in the OR, such as cataract removal, correction of muscle imbalances in the eye (nystagmus, strabismus), and some cosmetic procedures. Another highly important test performed in the eye section is tonometry, a measurement of the internal pressure of the eyeball, used to rule out or confirm glaucoma.

The other section of the clinic is devoted to ears, noses, and throats. ENT performs in-clinic exams such as audiograms, and EMG's, a test which measures the waves in the inner ear. Lcdr Brent Butcher is the doctor in charge, assisted by HM3 Lee Lewis. Dr. Butcher also performs the bulk of the clinic's sur-

gery schedule. These include the repair of deviated nasal septums (broken noses), tonsillectomies, cosmetic procedures such as otoplasties, repair of facial fractures and tympanomastoidectomies, which is for the correction of problems with the ear ossicles. In addition to the glamorous sounding surgeries, the ENT handles such routine things as ear irrigations to re-

move blockages.

Altogether, the clinic sees 45 to 50 patients a day everything from a three year old with peas blocking his auditory canal to a retired person with bilateral glaucoma.

The cases have all the diversity expected from such a wide field and the clinic handles all problems with relative ease and high competency, no matter what the age or problem.



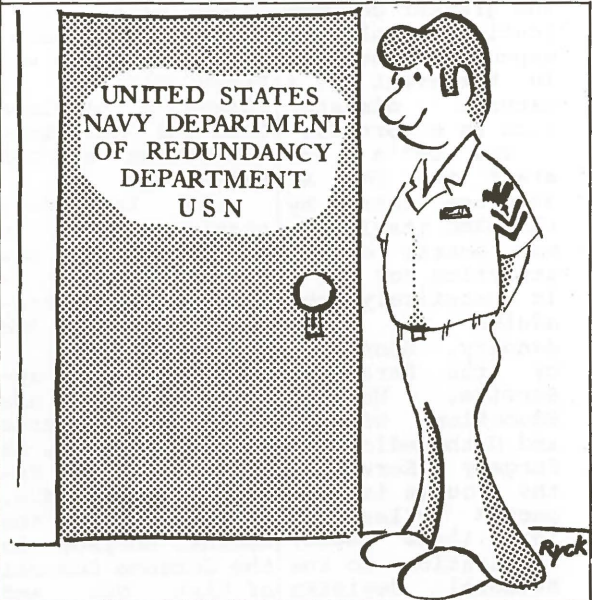
# EXPLORE!

An "Explorer Post" is a special division of the Nation-wide Scouting organization, and it is devoted to giving young adults experience in their chosen vocational fields in order to make a career decision. NRMCMemphis has now chartered an Explorer post for members interested in medical careers.

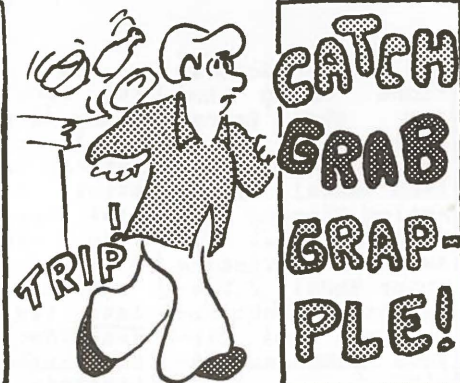
Last month, an orientation meeting was held by members of the hospital staff and Bill Robinson, Memphis area coordinator for the Explorer program. The group was given an agenda of coming events, which include exposure to

ward nursing, observation of doctors in different specialties at work, ambulance runs and emergency care, special services such as lab, X-ray, and preventive medicine. There is even an opportunity for experience in such fields as public health and mortuary science. The program will run concurrent with the school year with an opportunity for those who wish to pursue their chosen fields during the summer months.

The post will be under the advisory guidance of LCDR J. R. Beene, Laboratory Services.



## CORPSMANIACS



By RYCK RORIE



# trivia

1. What was the GREEN HORNET'S car called?
2. Who played the role of MRS. GOLDBERG?
3. Who lived on WISTFUL VISTA?
4. Who ran the JOT-EM-DOWN STORE?
5. Who led the BAR-B riders?
6. Who was called the QUEEN OF THE COWGIRLS and what was her horse's name?
7. What town in the U.S. was renamed after a popular television series?
8. Who played the role of the father in FATHER KNOWS BEST?
9. Who was PUNJAB and ASP?
10. Who was SHERLOCK HOLMES' enemy?
11. What actors played the title roles in MAVERICK?
12. What movie's theme song was ROCK AROUND THE CLOCK?
13. Who was the one time country singer who made the above song famous?
14. Who wrote the script REQUIEM FOR A HEAVYWEIGHT?
15. Who was the monster in THE THING?
16. What is the SPRUCE GOOSE?

1. Black Beauty
2. Gertrude Berg
3. Fibber and Molly
4. Lum and Abner
5. Bobby Benson
6. Dale Evans and Butterfield
7. Truth or Consequences, N. M.
8. Robert Young
9. Characters in
10. Ophan Annie
11. Mortality
12. James Garner, Jack Kelly
13. Blackboard Jungle
14. Bill Haley
15. Rod Serling
16. James Arness
17. Howard Hughes
18. Plywood plane

## (CNO CONT.)

upgrade of technological capability. Future systems have been designed and many are on the production lines, but the problems of today cannot wait for the new systems. The key to solving the problem is, in the Admiral's words, "to be prepared today to operate with what we've got....(and) the key to operating (that way) is...people". Therefore, the thrust of all planning at the CNO's level is for the creation of a highly professional career oriented Navy.

After the talk, Admiral Holloway accepted questions from the floor. The first was from a First Class Petty Officer who complemented the CNO on the new uniforms. The Admiral replied that this was the first such comment ever. He then fielded a query about sending women to sea with men. Holloway explained that there is a federal law at the present time prohibiting women from serving on combatant vessels. Women are, however, being allowed to enter the Naval Academy at Annapolis this fall.

And then, to the interest of all medical personnel attending, he spoke on the current condition of Navy medicine.

With the end of the "Doctor Draft", entering the military became an option for new physicians. Two elements in the past 18 months have helped induce young doctors into the service; the "bonus system" used to reduce the disparity between the civilian and military pay scales, and

malpractice insurance rates. At the present time, there is a waiting list of MD's wanting to enter the Navy. Unfortunately, they want, for the most part, to be commissioned at a higher rank than is economically feasible at this time. A further problem discussed was the use of the medical services by people who do not really need them. Since Navy medicine is free, there are people who would "rather go to the doctor than take an aspirin for a headache". Holloway said that Navy medicine is "right up there with the top of my priorities (because) good health care has a tremendous effect on the morale" of the service.

The CNO concluded the meeting by complimenting the audience on the perception and maturity of their questions, stating that they had been some of the best he's heard from Navy personnel in the field.

Above- Dispensary/Dental Complex nears Completion.  
Below- New parking lot will ease traffic congestion



## CONSTRUCTION BEGINS

The new dispensary/dental complex is now 20% completed. The above picture shows the construction as it appeared late last month. The scheduled completion date for the facility is 28 JUN 76 with the dedication slated for the nation's bicentennial July 4.

Also on the building front, or rather the side, is the new parking space on the west side of the main NRMC building, just outside the Emergency Room. The 25 car lot is a temporary structure to ease some of the traffic problem that currently plagues NRMC. Plans are awaiting Bumed approval for a new 75 car permanent lot to be constructed

also on the west side of the building.

The temporary lot has caused a great deal of speculation among the staff most of whom felt that it was to have been a heliport for air ambulances. At present, plans are in the mill that indicate a heliport will be constructed. The intersection of the ER entrance ramp and Everett Drive is to be designated the 'copter landing area. Special landing lights are on order at this time, and a special insignia will mark the place for the incoming birds. Although no target date has been set, the pad is expected to be completed and ready for use in the near future.

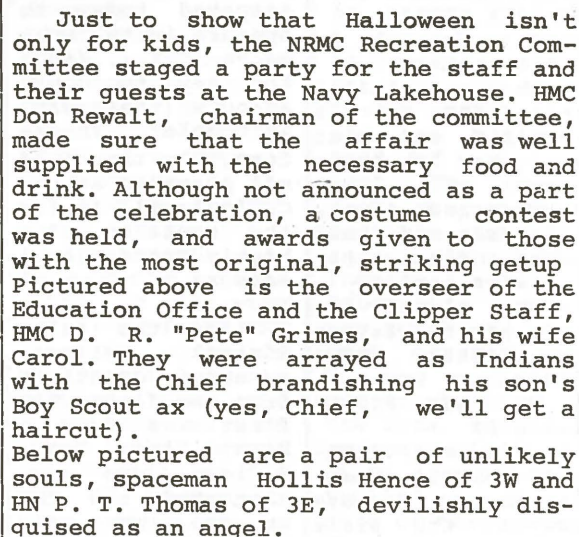




## Chaplain Cardon

...My son is under the doctor's care and should not take P.E. Please execute him.

...Please excuse  
Dianna from being  
absent yesterday.  
She was in bed with  
Gramps.

[illegible]